| 90US2541   |  |  |                                     | DECLARATI   | ON   |  |                                | FOR                          | ATTO              | RNEYS' U                                   | SE ONLY   |                      |   |  |
|--|--|--|-------------------------------------|---|--|--|--------------------------------|------------------------------|-------------------|--|---|----------------------|---|--|
|  | AN   | AND POWER OF ATTORNEY U.S.A.   |                                     |   |  |  |                                | ATTORNEYS' DOCKET NO.        |                   |  |   |                      |   |  |
| LL PATENTS, INCLU  | /  |  |                                     |   |  |  | HT.                            |                              |                   |  |   |                      |   |  |
| LL PATENTS, INCLU<br>OR APPLICATION BASE<br>ION PRIORITY; OR PRO   |  |  |                                     |   |  |  |                                |                              |                   |  |   |                      |   |  |
|  | inventor, I declare that my residence<br>for (if only one name is listed at 20<br>h is claimed and for which patent is a   | e, post office addres<br>1 below), or an ong<br>sought on the invent   | s and co<br>inal, first<br>on entit | lizenship are stated<br>and joint inventor (i<br>led                      | below<br>if plur                                       | next to r  | ny nam<br>ors are              | e, the inform<br>named belo  | vation gi         | ven herein ii<br>-203, or on               | s true, that I<br>additional s                      | believe<br>sheets at | that I am the onginal,<br>tached hereto) of the |  |
| DEVELOP  | MENT EVALUATION  | SYSTEM A   | ND N                                | METHOD  |  |  |                                |                              |                   |  |   |                      |   |  |
| 2  |  |  |                                     |   |  |  |                                |                              |                   |  |   |                      |   |  |
| which is described and claimed in. PCT International App           |  |  |                                     | ion No  |  |  |                                |                              |                   |  | filed   |                      |   |  |
| the attached s   | pedification the   | plication  | lication Senal No                   |   |  |  |                                |                              |                   | filed                                      |   |                      |   |  |
|  |  | (if applicable) and a  | mended                              | on  | linden   | the day  | me se s                        | mended by                    | any ami           | ndment refe                                | erred to abor                                       | ve.                  |   |  |
| I hereby state that I acknowledge the I hereby daim forei          | have reviewed and understand the<br>duty to disclose information which is<br>gn priority benefits under Title 35, Ur<br>for patent or inventor's certificate har | material to patental<br>mited States Code, §<br>vinc a filing date bef | plity as c<br>119 (a)-<br>ore that  | tefined in Title 37, Co<br>(d) of any foreign ap<br>of the application on | ode of<br>pircati<br>which                             | Federal<br>on(s) for<br>pnonty   | Regulai<br>patent o<br>s claim | ions, §1.56.<br>r inventor's | certifica         | te listed belo                             | w and have  | also ide             | ntified below any                               |  |
| Prior Foreign Appli  |  |  |                                     |   |  |  |                                |                              | Pnonty Claimed    |  |   |                      |   |  |
|  |  |  |                                     |   |  |  |                                |                              |                   | Yes  | No.   |                      |   |  |
| (Number)   |  | (Country)  | ountry)                             |   |  | (Day/Month/Year Filed)   |                                | r Filed)                     |                   | +  |   | NO -                 |   |  |
| -1 Thereton  |  | (Country)  |                                     |   |  | (Dav/Mo  | (Day/Month/Year Filed)         |                              | -                 | Yes  | No  |                      |   |  |
| (Number)   | =  | (Country)  |                                     |   | (Day/indian real r                                     |  |                                |                              |                   | +  |   |                      |   |  |
| (Number)   |  | (Country)  | untry)                              |   |  | (Day/Mo  | onth/Ye                        | r Filed)                     |                   |  | Yes   | No                   |   |  |
| 4 I herein sisim the   | benefit under Title 35, United States  | Code \$119(e) of an  | v United                            | States provisional a  | polica   | tion(s) lis  | ted bel                        | ow-                          |                   |  |   |                      |   |  |
| =  |  | Applies  |                                     |   |  | on No  |                                |                              | Fring Date        |  |   |                      |   |  |
|  |  |  | United S                            | States application(s) listed below and, insofar a                         |  |  |                                |                              | oject ma          | tter of each                               | er of each of the claims of this application is not |                      |   |  |
| disclosed in the pr<br>patentability as de                         | ior United States application in the m<br>fined in Title 37, Code of Federal Re  | nanner provided by t<br>igulations, §1,56 whi                          | ich beca                            | ne available betwee   | n the  | filing date  | e of the                       | pnor applica                 | ation and         | the national                               | or PCT inte   | emationa             | ifling date of this                             |  |
| application:   |  |  |                                     |   |  |  |                                |                              |                   |  |   |                      |   |  |
| (App   | lication Senal No.)  |  |                                     | (Filing Date)   |  |  |                                |                              |                   | : patented,                                |   |                      |   |  |
| POWER OF ATTORN  | NEY: As a named inventor, I h  | ereby appoint the  | follow                              | ing attorneys (Re   | gistra   | tion No  | ) to p                         | osecute ti                   | nis app<br>20 851 | ication, re                                | ceive and   | act on it<br>OLMAN   | nstructions from m<br>(22,769); MARVI           |  |
| agent, and transact a<br>R. STERN (20,640);<br>PLAYER (31,409); YO | NEY: As a named inventor, I had business in the Patent and The ALLEN S. MELSER (27,215); DON S. HAM (45,307) and NAT   | MICHAEL R S<br>HANIEL A. HUM   | LOBAS                               | SKY (26,421); JC<br>S (22,772)  | TANK   | HAN L  | SCH                            | RER (29                      | 851); I           | RWIN M.                                    | AISENBE   | RG (19               | ,007); WILLIAM I                                |  |
| R SEND COR   | I DIRECT   |  |                                     |   | CTIELER  | TTELEPHONE CALLS TO:<br>please use Attorney's Docket No.) (202) 638-6666 |                                |                              |                   |  |   |                      |   |  |
| Çal  | MPANY  |  |                                     |   | JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY |  |                                |                              |                   |  |   |                      |   |  |
| PL)  |  |  |                                     |   |  |  |                                |                              |                   |  |   |                      |   |  |
| ĝ.£  | WASHIN   | IGTON, D.C. 20   | 004                                 |   | _  |  |                                |                              |                   |  |   |                      |   |  |
| 2.77   | st include at least one unabbre<br>FAMILY NAME   | eviated first or mic   | ddle na                             | GIVEN NAME  |  |  |                                |                              |                   | MIDDLE N                                   | IAME  | _                    |   |  |
| FULL NAME *  | LIAO   |  |                                     | Yi STATE OR FOREIGN COUNTRY Taiwan, R.O.C.                                |  |  |                                |                              |                   | Ming COUNTRY OF CITIZENSHIP Taiwan, R.O.C. |   |                      |   |  |
|  | CITY   |  |                                     |   |  |  |                                |                              |                   |  |   |                      |   |  |
| RESIDENCE &  | Taipei   |  |                                     |   |  |  |                                |                              |                   |  |   |                      |   |  |
| CITIZENSHIP  | DOOT OFFICE ADDRESS  |  |                                     |   |  |  |                                | _                            | STAT              | ATE OR COUNTRY ZIP CODE                    |   |                      |   |  |
| POST OFFICE  | POST OFFICE ADDRESS  Inventec Building, 66 Hou-Kang Street, Shih-Lin Dist.   |  |                                     | CITY<br>Taipei  |  |  |                                |                              | Taiwan, R.O.C.    |  |   |                      |   |  |
| ADDRESS  |  |  |                                     |   |  |  |                                |                              |                   |  |   |                      |   |  |
| FULL NAME *  | FAMILY NAME  |  |                                     | GIVEN NAME  |  |  |                                |                              |                   | MIDDLE NAME                                |   |                      |   |  |
| OF INVENTOR  |  |  |                                     | CTATE OR FOR  | STATE OR FOREIGN COUNTRY                               |  |                                |                              |                   |  | COUNTRY OF CITIZENSHIP                              |                      |   |  |
| RESIDENCE &  |  |  |                                     |   |  |  |                                |                              | Tam               |  |   |                      |   |  |
| POST OFFICE<br>ADDRESS   | POST OFFICE ADDRESS  |  |                                     | CITY S  |  |  |                                |                              | SIAI              | E OR COUNTRY ZIP CODE                      |   |                      |   |  |
| FULL NAME *  |  |  |                                     | ON FRANCE   |  |  |                                |                              |                   |  |   |                      |   |  |
| RESIDENCE &  |  |  |                                     | STATE OR FOREIGN COUNTRY  |  |  |                                |                              |                   | COUNTRY OF CITIZENSHIP                     |   |                      |   |  |
| CITITELIO  |  |  |                                     |   |  |  |                                |                              | STAT              | ATE OR COUNTRY ZIP CODE                    |   |                      | IP CODE   |  |
| POST OFFICE<br>ADDRESS   | POST OFFICE ADDRESS  | -  |                                     |   |  |  |                                |                              |                   |  |   |                      |   |  |
|  | t all statements made herein of  | f my own knowle  | dge are                             | true and that all   | state  | ements   | made                           | on informa                   | ation ar          | d belief a                                 | e believed  | to be                | true; and further t                             |  |
|  | t all statements made nerein or<br>ere made with the knowledge the<br>Code; and that such willful fals   |  |                                     |   |  |  |                                |                              |                   |  | or both, ur   | nder se              | ction 1001 of Title                             |  |
|  | IVENTOR 201*   | ISIGNAT  | URE C                               | F INVENTOR 20   | 2*   |  |                                | SIC                          | NATU              | RE OF IN                                   | ENTOR 2   | 203*                 |   |  |

DATE